

LEYS FARM JUNIOR SCHOOL

Mental Health and Wellbeing Policy 2021

Introduction

At Leys Farm Junior School (LFJS), we are committed to safeguarding and promoting the mental health and wellbeing of all our children and staff. We take a whole school approach to promoting positive mental health that aims to help children and staff to become resilient and happy; to prevent problems before they arise. We recognise that early identification is key to preventing problems getting worse.

At our school we know that everyone experiences life challenges that can make us vulnerable and at times, anyone may need additional emotional support. Furthermore, in children it can create a barrier to learning that can affect their academic performance.

We take the view that positive mental health is everybody's business and that we all have a role to play. At our school, we aim to promote positive mental health for every child, parent/carer and staff. We pursue this aim using both universal, whole school approaches and specialised, targeted interventions, aimed at identified vulnerable children and families.

Mental health is defined for the purposes of this policy as:

“a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.” (World Health Organization, August 2014)

Policy Statement

LFJS recognises that it has an important role to play in supporting the mental health and wellbeing of its children and staff. Mental health problems can be, (in some cases) an indicator that a child has suffered or is at risk of suffering abuse/neglect or exploitation. School staff are not expected or trained to diagnose mental health conditions, but may notice behaviours that may be of concern. Additionally, the school recognises the importance of the mental health and wellbeing of its staff so that they are able to support the children to their potential.

We will promote a mentally healthy environment through:

- Promoting positive mental health (without stigma) through various mediums throughout the school year, including: via the staffroom notice board, curriculum, letters to parents, staff forums, pastoral support, school website, school social media, mindfulness and intervention groups.
- Establishing and maintaining an environment where children feel secure, are encouraged to talk and are listened to through the use of Bubble Time.
- Ensuring children know that there are Trusted Adults in the school whom they can approach if they are worried and also communicate through the post box in the hall.
- Including opportunities in the PSHE and JIGSAW curriculum, myHappymind journals, school assemblies and class activities for children to develop the skills they need to promote positive mental wellbeing, self-esteem, understand their emotions and feelings, exercise, build friendships and encourage resilience.
- Using the REST (Resilience and Engagement Scale and Toolkit) to assess children's resilience and emotional wellbeing.
- Promoting our school values/British values and encouraging a sense of belonging.

- Promoting pupil voice through the school council, buddies, playground friends, sports ambassadors, subject ambassadors and within the classroom.
- Celebrating academic and non-academic achievements, e.g. Good to be Green, Reading Reward, Tea Party, Headteachers Awards, Celebration Assembly.
- Providing opportunities to develop a sense of worth through taking responsibility for themselves and others through restorative practice.
- Using positive praise (ratio 16 to 1) alongside the Class Dojo point system.
- Using PIPRIP (Praise in public, reprimand in private).
- Early identification of children who have mental health needs and planning support to meet their needs, including working with specialist services.
- Providing and signposting to appropriate support that meets the individual's needs.
- Using child and staff surveys to identify early any areas that need support.
- Effectively working with parents/carers.
- Supporting and training staff to develop their skills and their own resilience.
- Implementing strong transition from infant feeder schools and for secondary school and moving up into the new year group with additional sessions offered for those children needing additional support.
- Promoting Mental Health campaigns, e.g. NHS - Every Mind Matters, Time to Talk, Children's Mental Health Awareness Week (February) and World Mental Health Awareness Month (October).
- Supporting children with accessing Sensory Circuits, Brain Breaks, Go Noodle, Cosmic Yoga, BBC Supermovers, etc to understand how to self-regulate.

We also recognise the role that stigma can play in preventing understanding and awareness of mental health issues. We, therefore, aim to create an open and positive culture that encourages discussion and understanding of these issues through the promotion of mental health.

This policy describes the LFJS's approach to promoting positive mental health and wellbeing and is intended as guidance for all staff including non-teaching staff and governors. It should be read in conjunction with:

- Medical Conditions Policy (in cases where a child's mental health overlaps with or is linked to a medical issue);
- SEN-D Policy (where a pupil has an identified special educational need and/or disability);
- Safeguarding and Child Protection Policy (in relation to prompt action and wider concerns of vulnerability);
- Behaviour Policy;
- Computing and Online safety Policy;
- Anti-Bullying Policy (where there are overlaps);
- Equality and Diversity Policy.

Prevention

LFJS recognises that early identification is key to preventing mental ill health worsening. As such, the Head Teacher will select a Mental Health Champions where all staff can direct any pupil or personal mental health concerns to.

Mental Health Champions

The Mental Health Champions for the school are Miss S Thomas and Mrs A Elliot

The Mental Health Champions are responsible for:

- Ensuring that all cases of suspected or actual concerns associated with mental health are referred to the appropriate agencies.
- Ensuring effective communication takes place and close liaison with the Designated Safeguarding Lead (DSL) where there is a concern in relation to a child.
- Training to support their understanding of mental health.
- Being aware of the latest national and local guidance and keeping staff informed, as appropriate.
- Ensuring all staff are aware that mental health problems can in some cases be an indicator that a child has suffered or is at risk of suffering abuse/neglect or exploitation.
- Being available to support staff or children, if needed.
- Raising awareness of mental health and promoting a supportive culture within the school for children and staff.
- Ensuring all staff are aware that any concerns relating to child/staff mental health should be reported to the **Mental Health Champion**. Where staff have a mental health concern about a child that may also be a safeguarding concern, they should raise this by informing the **Designated Safeguarding Lead or a Deputy**.
- Ensuring that all concerns raised and any action taken is recorded accurately and in a timely manner.

Learning Mentor

Whilst all staff have a responsibility to promote the mental health of children, Mrs A Elliot, Learning Mentor, has specific, relevant remits including:

- Mental Health Champion;
- Deputy Designated Safeguarding Lead;
- Early Help Lead;
- Attendance Co-ordinator;
- Behaviour Responsibility;
- Medical Needs Responsibility;
- Pastoral/Nurture Support;
- Bereavement Counsellor.

Identification

Signs of Mental Ill Health

School staff may also become aware of warning signs which indicate a child is experiencing mental health or emotional wellbeing issues. These warning signs should always be taken seriously and staff observing any of these warning signs should communicate their concerns with the Mental Health Champions or Designated Safeguarding Lead (or their Deputy) as appropriate.

All staff will monitor children and report to the Mental Health Champions any noticeable changes to:

- Attendance or Punctuality;
- Relationships (with family, peers, staff);
- Approach to learning;
- Physical indicators;
- Negative behaviour patterns;
- Family circumstances;
- Recent bereavement;
- Health indicators.

Staff will be aware to look out for the following possible warning signs:

- Changes in eating/sleeping habits;
- Becoming socially withdrawn;
- Changes in activity and mood (emotional, fearful, low self-esteem);
- Talking or joking about self-harm or suicide;
- Expressing feelings of failure, uselessness or loss of hope;
- Repeated physical pain or nausea with no evident cause;
- Behaviour (aggressive or oppositional; habitual body rocking).
- Interpersonal behaviours (indiscriminate contact or affection seeking, overfriendliness or excessive clinginess; demonstrating excessively 'good' behaviour to prevent disapproval; failing to seek or accept appropriate comfort or affection from an appropriate person when significantly distressed; coercive controlling behaviour; or lack of ability to understand and recognise emotions).

(The list above is not exhaustive. See Appendix 1 for more risk factors and protective factors).

LFJS staff are aware that they are not expected or trained to diagnose mental health conditions, but may notice behaviours that may be of concern. Additionally, that is their responsibility to act and inform the school's Mental Health Champions. LFJS staff recognise that every child is different and therefore, a child or staff member can experience a variety of symptoms. The Mental Health Champions recognises that having one or a number of symptoms does not necessarily mean the individual is experiencing mental ill health and as such will signpost/work with professionals to arrange support.

Procedure Following a Menta Health Concern Being Raised

If a child chooses to disclose concerns about their own mental health or that of a friend to a member of staff, the staff member's response should always be calm, supportive and non-judgemental. Staff should listen, rather than advise and our first thoughts should be of the child's emotional and physical safety rather than of exploring 'Why?'.

If a disclosure is made, staff should follow the ALGEE action plan.

1. **ASK, ASSESS, ACT.** Where a young person is distressed, the member of staff should ask them what support they need and want. Assess the risk of harm to self or others and try to reduce any risk that is present.
2. **LISTEN.** Listen non-judgmentally. Give them time to talk and gain their confidence to take the issue to someone who could help further.
3. **GIVE REASSURANCE AND INFORMATION.** Tell them how brave they have been. Gently explain that you would like to help them. Do not promise confidentiality - it could be a child protection matter. Enable the young person to get help work through the avenues of support. Explain that you would like to share their thoughts with someone else so that they can get the best help
4. **ENCOURAGE THEM TO SPEAK TO SOMEONE.** Offer to go with them. Encourage self-help strategies.

All disclosures should be recorded on the school's electronic system CPOMS and any handwritten records held in the child's confidential file. This written record should include:

- Date;
- The name of the member of staff to whom the disclosure was made;
- Main points from the conversation;

- Agreed next steps.

This information should be shared with the School's Mental Health Champions who will offer support and advice about next steps. If the child is at immediate risk of harm DO NOT LEAVE THEM and ask someone to inform the Designated Safeguarding Lead or Deputy immediately. Staff will then need to follow the school's safeguarding procedure. (See Appendix 5 for reporting concerns).

When a concern has been raised, the school will:

- Contact parents/carers (In almost all cases, parents/carers will be involved in their children's interventions, although there may be circumstances when this may not happen, such as where child protection issues are identified);
- Offer information to take away and places to seek further information;
- Be available for follow up calls;
- Make a record of the meeting;
- Agree a Mental Health Individual Care Plan including clear next steps. Discuss how the parents/carers can support their child;
- Keep parents/carers up to date and fully informed of decisions about the support and interventions provided;
- Continue to review and monitor progress of the Individual Care Plan.

Where appropriate:

- Arranging professional assistance e.g. doctor, nurse;
- Arranging an appointment with a counsellor;
- Arranging a referral to CAMHS (Neurodiversity Pathway) or private referral – with parental consent;
- Arrange an Early Help to support the family.

Intervention/Support

The school has a comprehensive pastoral package in place to support children and staff with their emotional and mental wellbeing. The school has universal, whole school approaches, targeted approaches and specialised approaches for more complex or long-term difficulties (Please see Appendix 5).

The school sees every child as unique and therefore treats each case holistically. The school recognises that there is not a "one size fits all approach". The package of support offered will be tailored to the child's specific needs and will include consultation with the child, parents/carers, class teacher/Learning Mentor and any other professionals involved in supporting the child. This is done to ensure that the right package of support is in place for the child at the right time.

Pupil Wellbeing

Teaching about mental health, the skills, knowledge and understanding needed by our children to keep themselves mentally healthy and safe are included as part of our PSHE and JIGSAW curriculum. The specific content of lessons will be determined by the specific needs of the cohort we are teaching but we will also use the PSHE Association Guidance to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner.

The school will make use of resources to assess and track wellbeing as appropriate including:

- Bubble Time Book;
- The Boxall Profile;

- Emotional literacy scales;
- Resilience and Engagement Tool (REST);
- One Page Profiles;
- 5-point anger scale;
- Post box in each hall;
- Circle times.

Working with Parents/Carers

LFJS recognises that parents/carers play an important role in supporting children when they are experiencing difficulties. In order to support parents/carers with this, the school will:

- Inform parents/carers of concerns to do with their child's mental wellbeing (In almost all cases, parents/carers will be involved in their children's interventions, although there may be circumstances when this may not happen, such as when child protection issues are identified);
- Highlight sources of information and support about mental health and emotional wellbeing on our school website;
- Share and allow parents/carers to access sources of further support e.g. through early help;
- Ensure that parents/carers are aware of who to talk to, and how to get about this, if they have concerns about their child
- Make our Mental Health and Wellbeing Policy easily accessible to parents/carers;
- Share ideas about how parents/carers can support positive mental health in their children including myHappyMind app;
- Keep parents/carers informed about the mental health topics their children are learning about in PSHE and share ideas for extending and exploring this learning at home.

Working with Outside Agencies

As part of our targeted provision the school will work with other agencies to support children's emotional health and wellbeing. These include but are not limited to:

- School Nurse;
- Educational Psychologist;
- Primary Behaviour Support Team;
- Paediatricians;
- CAMHS (child and adolescent mental health service) Where a referral to CAMHS is appropriate, this will be led and managed by Miss S Thomas, Headteacher, SENCO and Mental Health Champion;
- ASET (Autism Spectrum Education Team);
- Social workers;
- Counselling Services e.g. Barnardo's, The Haven;
- Family Support Workers;
- Therapists e.g. Speech and Language, Occupational Therapists;
- SURESTART Children's Centre;
- Alternative provision to provide additional therapeutic support.

Where deemed appropriate, LFJS will work with outside agencies and allow them into school to provide additional support for the child during school time.

Staff Wellbeing

LFJS recognises that promoting staff health and emotional wellbeing should be an integral part of the whole school approach to mental health and wellbeing. Therefore, training and signposting to materials about mental health and emotional wellbeing will be made available for all staff via notice board in the staffroom. This will be continually updated with up to date information.

Supporting and promoting the mental health and wellbeing of staff is an essential component of a healthy school and we promote opportunities to maintain a healthy work-life balance and wellbeing, such as:

- Celebrating Time to Talk Day;
- Feel Good Friday (monthly staff social);
- Staff meetings reduced to only one per week to support that work-life balance;
- Staff also have access to a confidential counselling service, if needed;
- After school forums (on mental health/behaviour/mindfulness);
- Flexibility for personal appointments in school time;
- Supervision and appraisal will allow for mutual communication about personal health and emotional wellbeing if both felt it is necessary;
- An open-door policy to Mental Health Champions is always made available if staff want to speak to someone;
- A supportive governing body, with experienced Chair, Mrs S Tipler.

These numerous opportunities allow for staff to connect and raise any concerns with the Mental Health Champions.

Training/CPD

We want all staff to be confident in their knowledge of mental health and wellbeing; promote positive mental health and wellbeing; identify mental health needs early in children and know what to do and where to get help.

As a minimum, all staff will receive annual training about recognising and responding to mental health issues as part of their regular safeguarding and child protection training in order to enable them to keep pupils safe. This will also be included throughout safeguarding snippets and using the staff board throughout the school year.

The MindEd learning portal (www.minded.org.uk) provides free online training suitable for staff wishing to know more about a specific issue. Training opportunities for staff who require more in-depth knowledge will be considered as part of our performance management process and additional CPD will be supported throughout the year where it becomes appropriate due to developing situations with one or more children.

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|---|---|
| Mental Health Champion (s) | Miss S Thomas Mrs A Elliot |
| Named Governor Mental Health Lead | Mrs S Tipler |
| Deputy Governor Mental Health | Mrs J Williams |
| Policy Publication date/Agreed by Governors | November 2021 |
| Policy next review date | November 2023 (or sooner to reflect any changes). |

Appendix 1

Protective and Risk factors (adapted from Mental Health and Behaviour DfE November 2018)

| | Risk Factors | Protective Factors |
|----------------------|--|--|
| In the Child | <ul style="list-style-type: none"> • Genetic influences. • Low IQ and learning disabilities. • Specific development delay or neuro-diversity. • Communication difficulties. • Physical illness. • Academic failure. • Low self-esteem. | <ul style="list-style-type: none"> • Secure attachment experience. • Outgoing temperament as an infant. • Good communication skills, sociability. • Being a planner and having a belief in control. • Humour. • A positive attitude. • Experiences of success and achievement. • Faith or spirituality. • Capacity to reflect. |
| In the Family | <ul style="list-style-type: none"> • Overt parental conflict including domestic violence. • Family breakdown (including where children are taken into care or adopted). • Inconsistent or unclear discipline. • Hostile and rejecting relationships. • Failure to adapt to a child's changing needs. • Physical, sexual, emotional abuse or neglect. • Parental psychiatric illness. • Parental criminality, alcoholism or personality disorder. • Death and loss – including loss of friendship. | <ul style="list-style-type: none"> • At least one good parent-child relationship (or one supportive adult). • Affection. • Clear, consistent discipline. • Support for education. • Supportive long-term relationship or the absence of severe discord. |
| In the school | <ul style="list-style-type: none"> • Bullying including online (cyber). • Discrimination. • Breakdown in or lack of positive friendships. • Deviant peer influences • Peer pressure. • Poor pupil to teacher/school staff relationships. | <ul style="list-style-type: none"> • Clear policies on behaviour and bullying. • Staff behaviour policy (also known as code of conduct). • 'Open-door' policy for children to raise problems. • A whole-school approach to promoting good mental health. • Good pupil to teacher/school staff relationships. • Positive classroom management. • A sense of belonging. |

| | | |
|-------------------------|---|--|
| | | <ul style="list-style-type: none"> • Positive peer influences. • Positive friendships • Effective safeguarding and child protection policies. • An effective Early Help process. • Understand their role in and be part of effective multi-agency working. • Appropriate procedures to ensure staff are confident to / can raise concerns about policies and processes, and know they will be dealt with fairly and effectively. |
| In the community | <ul style="list-style-type: none"> • Socio-economic disadvantage. • Homelessness. • Disaster, accidents, war or other overwhelming events. • Discrimination. • Exploitation, including by criminal gangs and organised crime groups, trafficking, online abuse, sexual exploitation and the influences of extremism leading to radicalisation. • Other significant life events. | <ul style="list-style-type: none"> • Wider supportive network. • Good housing. • High standard of living. • High morale school with positive policies for behaviour, attitudes and anti-bullying. • Opportunities for valued social roles. • Range of sport/leisure activities. |

Specific mental health needs most commonly seen in school-aged children.

For information see Chapter 3 for more information about Types of Mental Health Needs Mental Health and Behaviour in School DfE November 2018.

<https://www.gov.uk/government/publications/mental-health-and-behaviour-in-schools--2>

Appendix 2

Where to get information and support:

Local support:

- North Lincolnshire SEND local offer <http://www.northlincslocaloffer.com/parents-and-carers/emotional-health-and-wellbeing/>
- North Lincolnshire Child and Adolescent Mental Health Service <https://camhs.rdash.nhs.uk/north-lincolnshire/>
- A free online mental health and wellbeing support service for children and young people (aged 11-25) has been launched in Hull, East Yorkshire and North Lincolnshire. <https://www.kooth.com/>
- NHS “Every Mind Matters” campaign. <https://www.nhs.uk/oneyou/every-mind-matters/childrens-mental-health/>
- The Talking Shop, Scunthorpe - offering free confidential advice and training about improving mental health and wellbeing <https://www.rdash.nhs.uk/scunthorpe-talking-shop/> 01724 867297.
- North Lincolnshire Healthy Lifestyle Service - support you to improve your wellbeing, including your mental and emotional health. The service can be accessed in numerous settings across North Lincolnshire. To make an appointment with our friendly team, please telephone 01724 298212 or email nlc.healthylifestyles@nhs.net.
- Visit your GP or doctor.
- Speak to friends and family.

For support on specific mental health needs:

- Anxiety UK www.anxietyuk.org.uk
- OCD UK www.ocduk.org
- Depression Alliance www.depressoinalliance.org
- Eating Disorders www.b-eat.co.uk and www.inourhands.com
- National Self-Harm Network www.nshn.co.uk www.selfharm.co.uk
- Suicidal thoughts Prevention of young suicide UK – POPYRUS: www.papyrus-uk.org
- <https://www.nhs.uk/conditions/stress-anxiety-depression/> - Mood self-Assessment tool and more information on specific mental health needs.

For general information and support:

- www.youngminds.org.uk champions young people’s mental health and wellbeing
- www.mind.org.uk offers advice and support on mental health problems
- www.minded.org.uk (e-learning)
- www.time-to-change.org.uk tackles the stigma of mental health
- www.rethink.org challenges attitudes towards mental health
- <https://www.mentalhealth.org.uk/your-mental-health/looking-after-your-mental-health> Looking after your mental health.
- <https://www.samaritans.org/> offer support 24 hours a day 365 days a year. Call 116 123 (free).

Appendix 3

Individual Care Plan (ICP) for pupils with Mental Health/Emotional Concerns.

| | |
|---|-------------------------------|
| Name: | Date: |
| Class Teacher: | Year Group: |
| Who raised concern and why: | |
| Symptoms (please include frequency/intensity/physical/emotional/behaviour and record pupil voice) | |
| Internal referral to CAMHS worker? Yes / No | Receiving treatment? Yes / No |
| Notes/Advice to staff/Was support offered internally within school? | |
| Goal: | |
| Parent/Carer involvement and review arrangements: | |
| Completed by: | Job Title: |

Appendix 4

LFJS Flowchart for Reporting Concerns about Mental Health and Wellbeing

The MHFA action plan: ALGEE



The diagram features the acronym 'ALGEE' arranged in a circle around a central icon of a person. The letters are: 'A' at the top, 'L' on the right, 'G' at the bottom, and 'E' on the left. Small arrows point from each letter towards the center person icon.

Approach the young person, assess and assist with any crisis
Listen and communicate non-judgementally
Give support and information
Encourage the young person to get appropriate professional help
Encourage other supports

ALGEE can also be applied to Family and Friends of the person
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